



O'Bannon Announces That Immunization Registry Has Recorded Its One Millionth Hoosier

Two-year-old Madison Woods has received all the shots she needs at her age to stay healthy, and she's not alone. In fact, Madison is the one-millionth Hoosier whose immunizations have been registered with the Children and Hoosiers Immunization Registry Program.

Governor Frank O'Bannon and State Health Commissioner Gregory Wilson, M.D., visited the Johnson County Health Department on September 5 to mark this important milestone. Madison, the daughter of Tara and Eric Woods of Frankfort, also attended.

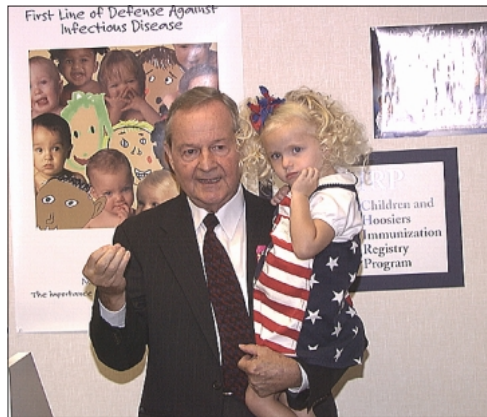
"This is a tremendous achievement that shows that Indiana cares about our children," O'Bannon said. "One of the most important things we can do to ensure their bright future is to immunize them against devastating diseases that can easily be prevented."

The registry, known as CHIRP, is a Web-based system that provides health care providers with immediate access to immunization records, helping them identify Hoosiers who are missing vital immunizations.

Since February, the names and immunization records of Hoosiers who have used the public health system in 49 counties have been entered into the registry. As work continues, all counties and the willing patients of private health care providers will be entered. Last week, Madison became the one-millionth person to have her records entered.

One of the registry's purposes is to help Indiana reach the Healthy People 2010 goal of ensuring that at least 90 percent of children in the state receive all appropriate immunizations by age 2. According to the State Department of Health, 75 percent of children age 2 and under now have the immunizations they need.

The registry also helps health care



THE ONE MILLIONTH HOOSIER to be immunized is three-year-old Madison Woods, held by Governor Frank O'Bannon at ceremonies to mark the occasion conducted at the Johnson County Health Department September 5.



DIGNITARIES ASSEMBLED in Johnson County on September 5 to note the one millionth Hoosier to be entered in the immunization registry are (l. to r.) Governor Frank O'Bannon; Louise Brinkman, Johnson County Health Dept.; James Pease, M.D., Johnson Co. Bd. of Health; Betty Bumpers, Co-Chair, "Every Child by Two"; Craig Moorman, M.D., Health Officer, Johnson Co.; Wendy Gettelfinger, ISDH assistant commissioner, Children and Family Health Services; Michael Garcia, Scientific Technologies Corp.; State Health Commissioner Greg Wilson, M.D.; and Steve Allen, ISDH Immunization.

Photos by Daniel Axler

providers ensure that children are immunized in a timely way and that immunizations are not duplicated. While good health is the primary goal, the registry also likely will ultimately save money.

This year, CHIRP will be useful in making sure all students who were admitted to school under the relaxed immunization guidelines (because of a shortage of some vaccines) get their

shots as soon as their provider has adequate vaccine.

"Through CHIRP, Indiana will give health care providers and schools the information they need to ensure all Hoosier children get properly immunized," O'Bannon said.

Wilson said that "immunizations are at the core of public health and are vital to the continued health of our children. It takes teamwork to make sure that as many children as possible are getting the proper immunizations, and CHIRP is a great example of that kind of teamwork in action."

Betty Bumpers, former first lady of Arkansas, was also at the event.

Bumpers co-chairs the national immunization program "Every Child By Two" with former U.S. First Lady Rosalynn Carter. Indiana's First Lady Judy O'Bannon has worked with Bumpers and Carter to encourage immunization in Indiana.

"Indiana has set a tremendous example that we hope other states will emulate," Bumpers said. "I applaud all those who have made this milestone possible."

The State Department of Health partnered with local health departments, the Indiana Immunization Coalition, private health care providers, and community volunteers to get CHIRP

developed and implemented.

Scientific Technologies Corp. implemented the secure and confidential Web-based system, which is expected to have 4,000 to 6,000 users – such as physicians, immunization providers, hospitals, HMOs, schools, and child care centers – who will have access to enter or view data. Each user will get a password to access the system to protect confidential medical information.

Public Health In The News

The photos below picture staff of the Indiana State Department of Health who appeared on television during the past several months to discuss public health issues of importance to Hoosiers.



Veterinary Epidemiologist **JIM HOWELL** (above left) devoted considerable attention to updating the public during July and August on the unfolding events associated with the **WEST NILE VIRUS**. As one of a number of TV appearances, he appears here on WISH-TV Channel 8, August 20. ● **JOE HUNT**, assistant commissioner, Information Services and Policy (above center), appears on WTHR-TV, Channel 13 on June 13 to discuss the details and benefits to Hoosiers of federal funding for **EMERGENCY RESPONSE PLANNING AND IMPLEMENTATION** to respond to potential acts of bioterrorism and other public health emergencies. ● **SCOTT GILLIAM**, Food Protection (above right), is interviewed on WTHR-TV, Channel 13 on July 19 to discuss the implications of the multi-state 19-million-pound **E. COLI-TAINTED GROUND-BEEF RECALL** by Conagra.



LIZ CARROLL, assistant commissioner, Health Care Regulatory Services (above left), responds to WISH-TV Channel 8 reporter's July 29 questions about the **ISSUE OF PATIENT CONFIDENTIALITY** when patient records were discovered on hard drives of computers discarded in the trash by a hospital in Anderson. ● **WENDY GETTELFINGER**, assistant commissioner, Children and Family Health Services (left in center photo, above) on WTHR-TV, channel 13, in an appearance on July 25, discusses the lifting of **BACK-TO-SCHOOL IMMUNIZATION REQUIREMENTS** due to vaccine shortages traced to manufacturers' inability to keep up with the demand. ● **STATE EPIDEMIOLOGIST BOB TECLAW**, DVM, MPH, Ph.D. (above right), calms viewers in a WXIN-TV Channel 59 appearance on August 30 with a discussion of the **SAFETY OF PROCESSED DRINKING WATER** from Geist Reservoir, where a summer algae bloom had raised questions by consumers.



EPIDEMIOLOGIST JIM HOWELL, DVM (above left, center figure), appears on WRTV, channel 6, July 17 while conducting a walking tour of a Bloomington suburban neighborhood to discuss recommendations to **ELIMINATE A REPORTED RAT INFESTATION**. ● **STATE EPIDEMIOLOGIST BOB TECLAW**, DVM, MPH, Ph.D. (above center) discusses smallpox vaccinations for first responder staff as a prophylaxis in advance of a potential bioterrorist outbreak of the disease. ● **TREVOR BRADLEY**, HIV Prevention Program (right in right photo above), appears on the *Amos Brown Show* July 11 on WDNI-TV channel 65 to help promote the 2002 Black & Minority Health Fair and to discuss ISDH's role in helping to prevent the **SPREAD OF HIV**.

Video Clips Edited by Dennis Rediker

'School' Attendees Learn ABC's of Safe Cider Production

At the recent Apple Cider Training School, attendees had the opportunity to become informed and prepared for making their inspections of cider manufacturing operations in the Indiana locale where each works.

Shirley Vargas, ISDH Wholesale Food Program, says the purpose of the school is intended to bring attendees up to speed on sanitary apple cider processing and storage. Vargas organized the training event, and together with Indiana State Department of Health Food Protection staff, with contributions from two Purdue University faculty, presented the training on August 22 in ISDH's 2 N. Meridian Street Rice Auditorium.

The one-day school was scheduled for food protection and environmental specialists who serve their Indiana communities from local health departments (LHDs), situated in Indiana's cities and counties. Attendees from 25 LHDs came largely from areas where Indiana apple cider is produced.

Also in attendance were approximately 12 retail and wholesale ISDH Food Protection staff.

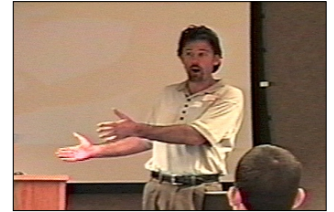
The workshop was the second in recent years offered by ISDH that was devoted exclusively to apple cider safety. ISDH conducted a similar workshop in 1998 following a number of incidents involving illness caused by E. coli and salmonella, traced to origins in commercially available cider.

To ensure that apple cider is produced in a wholesome manner, on visits to cider producers, the current group of attendees were advised to observe:

- ✓ whether apples to be pressed are ripe, firm, clean, not rotten, wormy, or taken from the ground (drops)
- ✓ that pickers, handlers, and processors follow instructions to use good hygiene to avoid contaminating the



APPLE-CIDER SCHOOL IS IN SESSION (above). ISDH Food Protection staff presenters (top row, left to right) are: Shirley Vargas, who summarizes the high points of the training; Lee Bray, who identifies questions commonly asked about cider by LHD staff; and Rhonda Madden and Hank Wolfe, who identify things that field staff should look for during inspections of producers. Richard Linton, Food Science, Purdue University (left, bottom row) discusses FDA juice regulations and Peter Hirst, Horticulture Dept. at Purdue University (right, bottom row), covers the importance to producers of maintaining high quality (with the help of food protection staff) to preserve their customer base.



Video Clips Edited by Dennis Rediker

apples or cider

- ✓ that apples have been stored in clean containers and refrigerated prior to pressing to increase storage life and reduce contamination
- ✓ that storage and processing areas are kept clean and free of insects and any animals
- ✓ that potable hot and cold running water is available together with soap and sanitary towels or a hot-air hand dryer easily accessible from each processing area
- ✓ that employees wear clean clothing, hair restraints, and keep hands washed and clean during all processing steps
- ✓ that all equipment surfaces, tubing, and filter cloths are food grade and

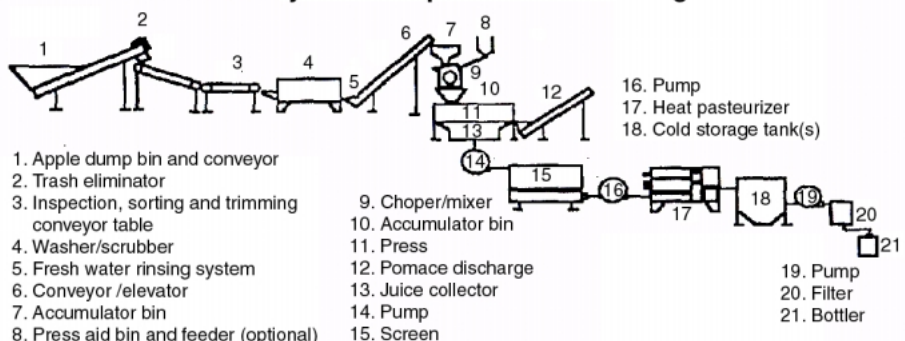
cleaned, sanitized, and dried daily during processing

- ✓ that pressed pomace is disposed of in a sanitary manner
- ✓ that containers and lids are new and each container appropriately labeled

The two professors from Purdue University, who shared their specialized knowledge with attendees, were Richard Linton, Food Science Department; and Peter Hirst, Horticulture Department.

Linton described FDA regulations governing the mandated reduction in bacteria producers must reach, and Hirst discussed the marketing value to producers by following procedures to ensure cider of the highest quality to attract new and repeat customers.

Ideal System of Operations for Making Cider



CIDER PROCESSING SCHEMATIC (above) shows the recommended stages to be followed in the processing of apple cider. Each stage provides the potential for the introduction of bacteria or filth unless care is taken to assure cleanliness of apples, equipment, and workers preparing the cider.

ISDH Provides Health and Medical Support for Tabletop Emergency Planning Exercises

Staff at the Hamilton County Health Department attended a tabletop exercise in early August to assess preparations needed to respond quickly and effectively to future emergency situations in the county. The health department staff were among 60-70 local specialists comprising representation from the county emergency planning agency, local hospitals, and public officials. ISDH staff member Bruce Farrar was also present.

For the past five months Farrar, ISDH Epidemiology Center, has been a resource for the counties on bioterrorism health and medical issues. One of his functions has been to attend tabletop meetings like the one held in Hamilton County.

So far, he has attended 12 such meetings in 2002.

Farrar says that in planning the tabletop meeting, official in Hamilton County, like other counties, were given a choice of becoming informed about potential threats from biological, chemical, or radiological (nuclear) sources.

"The majority of counties chose biological, so the county health departments were very heavily involved in the tabletop exercises," Farrar said.

Farrar came to ISDH from the State Emergency Management Agency (SEMA), so is no stranger to emergency planning.

Farrar says that although SEMA is the overall state organizer responsible for contracting and scheduling the tabletop exercises, ISDH is the primary coordinator for health and medical functions. He says two years ago, SEMA began holding the tabletop exercises with counties having populations of 35,000 to 100,00 people.

Twenty-three counties participated that first year, he says. In 2002, the focus has been on counties with population over 100,000. Nineteen counties

participated this year, with Hamilton County being the last. Of the numbers attending the exercises from the various counties, Farrar said,

"The smallest one I attended had 20 people. There

were 250 for the one held for Marion County.

"There are 51 counties without an exercise yet," Farrar said. "We have two years to go to complete the tabletop exercises," he said.

"Governor O'Bannon said that all counties would have a plan by June (2002). A U.S. Department of Justice (DOJ) contractor actually wrote plans for those additional 51 counties," Farrar said.

Each of the 51 had one or two meetings with the contractor before the plans were formalized.

At each tabletop exercise, to help participants perceive the magnitude of the issues that may confront a community in the event of a biological emergency, each participant received a draft plan prepared by the DOJ contractor.

Eighteen emergency support functions were identified with an array of agencies and their multiple responsibilities listed for each. Those functions are: transportation, communications and warning, public works, fire fighting, information and planning, shelter and mass care, resource support, health and medical, search and rescue, hazardous materials, food and water, energy, evacuation, donations and volunteers, law enforcement, animal health, public information, and damage assessment.

Future work for each of the county agencies will involve creating detailed plans to develop appropriate responses under four broad headings for each array of responsibilities within the 18 sup-

port functions. The headings are mitigation, preparedness, response, and recovery.

Farrar thinks that developing a comprehensive plan, county by county, is a daunting task. "The most important realization coming out of these exercises is that all the county and state agencies have to work together because no single agency can do it alone," Farrar said.



A HEFTY THREE-RING BINDER, similar to the one pictured above, serves as a guide for each attendee participating in a county day-long emergency-planning tabletop exercise.



The ISDH team to fight Alzheimer's Disease is forming. Join the walk by signing up with this year's ISDH Team Captain Nellie Simpson, Local Liaison Office. She welcomes ISDH staff contact by phone or GroupWise. All other supporters are encouraged to contact the Alzheimer's Association at: 317-575-9620 to register.



Indiana State Department of Health

Express

The *Indiana State Department of Health Express* is a bi-weekly publication for ISDH employees and stakeholders. To submit news items, call (317) 233-7336 or send information to: ISDH Express, Office of Public Affairs, 2 N. Meridian St., Section 2E, Indianapolis, IN 46204-3003. Inquiries should be directed to:

David W. Pilbrow, Editor
Telephone (317) 233-7336
Fax: (317) 233-7873
dpilbrow@isdh.state.in.us
<http://www.IN.gov/isdh>

Margaret Joseph, Director of Public Affairs

Gregory A. Wilson, M.D.
State Health Commissioner

Michael A. Hurst
Deputy State Health Commissioner and
Special Counsel to the Commissioner



New **WELLNESS** Newsletter Supports Prevention

The ISDH Office of Rural Health has sent copies of its new **WELLNESS** monthly newsletter to each of Indiana's rural health clinics, community health centers, and local health departments. The first issue was mailed on August 29.

The newsletter is packed with self-care ideas for improving health and resistance to illness.

Mark Laker, director of the Office of Rural Health, says he expects the newsletter will show up in many of the waiting rooms of the health facilities and offices that will be receiving it.



LAKER

Laker's hope is that the new publication will support self-care of all those who read it, even a part of it.

The September 2002 issue's eight-page two-color layout is professionally produced, well written, and replete with a generous amount of clip-art.

An informal poll of a few ISDH staff finds that readers think its short articles and tips make **WELLNESS** entertaining as well as informative.

In the first issue, the lead article, "New Sleep Findings," discusses individual differences in the amount of sleep needed for good health.

An article inside the publication gently urges lifestyle changes as a possible alternative to medication for dealing with high cholesterol as a contributor to heart disease. It urges taking a look at behavior-modifiable risk factors, like smoking, alcohol abuse, obesity, stress, lack of exercise, and a fat rich diet.

A recipe, nutrition facts, and an ar-



PREMIER SEPTEMBER 2002 ISSUE of the new **Wellness** newsletter features array of short articles on health findings and tips. An article on sleep appears on page one. Recipes and cancer-fighting nutritional tips on page seven of the eight-page newsletter.

ticle on some new findings on protecting the male prostate gland through diet are found within the last two pages.

You've probably heard of *lycopene*, the potent antioxidant cancer fighter found in tomatoes and tomato products, but what about *sulforaphane* and *quercetin*? These are substances that are found in commonly available fruits and vegetables and also linked to cancer prevention, according to two new research studies detailed in the article.

Laker has served as health educator in the Local Liaison Office where he has been promoting wellness concepts, face to face, to groups of health professionals throughout Indiana during the past several years. The **WELLNESS** newsletter is an extension of those activities. The advantage of the newsletter, Laker

says, is that it reinforces the wellness message continually with the mailing of each monthly issue. The newsletter he says will be reaching many more people than his workshops were able to accomplish.



ALBRIGHT

The **WELLNESS** newsletter is being distributed through the Indiana State Office of Rural Health, a part of the Local Liaison Office within the Community Health Development Services Commission.

"Because it is difficult to cease unhealthy behavior, like tobacco use, physical inactivity, and poor dietary choices, ISDH is promoting healthy behaviors that replace unhealthy decisions," said Joni Albright, assistant commissioner, Community Health Development Services.

Aligned with ISDH's focus on prevention, Albright predicts that ISDH will increase funding to target Hoosier obesity and to promote increased physical activity.

According to Laker, **WELLNESS** encompasses a holistic view of health that supports the physical, social, emotional, and spiritual aspects of well-being. The holistic perception of health supports a variety of approaches for a person to exercise responsibility for effective self-care.

Laker thinks that the **WELLNESS** newsletter will also serve to enhance the visibility of the state Office of Rural Health—as a resource for technical assistance.

The **WELLNESS** newsletter is supported with federal block grant funding.

Rural Health Nurse Juggles Time, Hats to Meet Job Demands

Linda Miller, R.N., is no stranger to switching hats during a typical day in the small public health department where she works.

Miller is public health nurse in rural DeKalb County in northeast Indiana.

Attendees of the 2001 Indiana Rural Health Conference no doubt remember Miller's talk in which she discussed the juggling act that she, like many rural health nurses, goes through to respond to the variety of services she is asked to perform while on the job.

Because rural county populations are small, county health department staffs are also small, but the variety of functions and duties of staff often approach those of more populous counties, which requires staff versatility.

"I expect the variety of things I'm asked to do are not too different than the kind of things most rural health nurses experience," Miller said.

As a point of interest, *NewsLink* asked Miller to describe "a day in the life" at work.

Below is Miller's schedule for what she describes as a typical day:

8:00 a.m.: Opens the office, as the first to arrive, and retrieves messages from the answering machine:

- In the first message, a mother wants to bring her child in to be checked for head lice
- In the second, a father asks questions about the department's Shots for Tots immunization program

8:30 a.m.: Begins wellness testing for six scheduled clients; does a complete lipid profile plus glucose testing with blood pressure, pulse, and weight check; gives patient assessment of findings and sends copy to a local physician

9:30 a.m.: Conferences with Emergency Management director to review plan for Bioterrorism preparedness

10:00 a.m.: Meets with budget committee (As county nurse, Miller serves as office manager and oversees all office transactions)

10:30 a.m.: A fireman from local department comes for his 3rd Hepatitis B shot



Linda Miller, R.N., DeKalb Co. Health Dept.

Two clients arrive to receive TB skin test

A gentleman comes in requesting info on STDs & antismoking programs

Opens GroupWise to retrieve messages from ISDH

Nursing home administrator calls with questions about isolation protocol for an MRSA patient in their facility

Orders supplies for Wellness Day scheduled for one of area's large factories

Confirms speaker for Sept. meeting of nine-county Public Health & School Nurses Group

11:00 a.m.: Performs blood pressure screening for attendees at local senior-citizen center

11:30 a.m.: Delivers head lice supplies to an area school nurse—after previously having found infestations when Linda assisted school nurse with an all-school check

12:00 Noon: Has lunch; covers office while clerk goes to lunch: answers phone, completes work on birth and death certificates, assists walk-in customers in response to a variety of requests

1:00 p.m.: Makes home visit with Adult Protective Services staffer to check on senior citizen who had been reported to

be living in deplorable conditions & in need of medical assistance

2:00 p.m.: Meets with EMS director from local hospital to discuss putting recently purchased AED's into service in county buildings

2:30 p.m.: Reviews clinical agenda for RN student from IPFW pursuing BSN degree and who will be doing a clinical practicum at health department.

Makes phone calls for communicable disease follow up

Receives call from County Home regarding resident with health problem

3:00 p.m.: Works on agenda for expending Tobacco Settlement monies

3:15 p.m.: Checks blood pressure for walk-in client

Checks on flu vaccine order from pharmaceutical company for fall immunization program

3:30 p.m.: Sends fax to all county physicians for update on West Nile situation

4:00 p.m.: Reviews agenda for Indiana Rural Health Assn. board meeting

4:30 p.m.: Attends board meeting of Local Co-ordinating Council for drug task force organization

6:30 p.m.: Speaks to Extension Homemakers about functions of Public health nurse

7:30 p.m.: Attends Board of Health Meeting

8:30 p.m.: Heads for home.

PHEW! (editor's note)

Photo Credits: Photos of Laker and Albright (reverse side) by Daniel Axler; photo of Linda Miller (above) by Mike Garrett



Indiana State
Department of Health

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David W. Pilbrow, Editor
Telephone (317) 233-7336
Fax: (317) 233-7873
dpilbrow@isdh.state.in.us
<http://www.IN.gov/isdh>

Margaret Joseph, Director of Public Affairs

Gregory A. Wilson, M.D.
State Health Commissioner

Michael A. Hurst
Deputy State Health Commissioner